

1. Frequency of data exchanges with SWICA, SSA, IV-A, Workmen's Compensation and Department of Motor Vehicle through computer tape matches. Third Party Liability is entered at the county level by eligibility staff when information is reported to the county.
 - a. SWICA exchanges will be run on a quarterly basis. New individuals for Food Stamps, AFDC, and Medical Assistance will be matched on the Friday nearest the 15th of the month and the last working day of the same month.
 - b. SSA (wage/earnings) will be exchanged on a yearly basis. New individuals will be matched to the Social Security files in Baltimore on the last working day of the month.
 - c. State IV-A activities will be conducted on a ongoing basis. Eligibility determinations and redetermination will be conducted as indicated by Federal Requirements, State Plan and Category of need. TPL resources will be entered into systems and reported to TPL Unit as indicated in Attachment 4.22-A,2,d.
 - d. Department of Motor Vehicles accident files exchange will be conducted on a quarterly basis.
 - e. Workmen's Compensation Medical Benefits files exchanges will be conducted on a quarterly basis.
 - f. Trauma/diagnosis codes are reported on a systems generated report to the State TPL Unit on a monthly basis. This is a past payment review of paid claims.
2.
 - a. SWICA exchanges are conducted on a quarterly basis. Data received is treated as accurate information and the county records the information in the case files within thirty (30) days of receipt. Any Insurance benefits identified due to employment is verified and entered on the system in 60 days of initial identification. Potential Insurance benefits not verified will be forwarded to the State TPL Unit along with retroactive recoupment cases by the county staff within 30 days of identification. The State TPL Unit will take action to verify and recoup payments within 30 days of receiving the information.
 - b. SSA (wage/earnings) information is verified and processed in 80 percent of the cases within thirty (30) days after receipt. The eligibility staff in the county will record information in the case file and report to other units via TECS within the stated time frame.

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Recoupment attempts also will be initiated in this time frame or referred to the State TPL Unit for processing. The TPL Unit will attempt to recoup within the same time frame.

- c. Workmen's Compensation Medical Benefits files exchanges will be conducted by the State's TPL Unit. Information received will be developed into case files, verified and recoupment procedures started within sixty (60) days of receipt. County eligibility workers will be contacted within the time frame in order that they may record the information in their case files and notify other units via TECS.
 - d. IV-A activities are conducted on a daily basis. Information received on insurance coverage is verified within a 60 day time frame or referred to the State TPL Unit. The TPL Unit will verify information and/or seek recoupment within the time frame indicated. Immediate notification to the county upon verification of insurance coverage enables the county eligibility staff to record the information in their case files and alert other units. (See Attachment 4.22-B for threshold amounts on different coverage types).
3. Department of Motor Vehicle Accident files exchanges are conducted on a quarterly basis. Central Data Processing will match the Highway Department files and report individual matches to the Third Party Liability Unit. Information received will be matched to TPL existing accident files for purposes of eliminating duplicated information. New individual cases will be reported to the county eligibility staff to verify and record information in case files. Information is entered on TECS to notify other units. Information is processed within sixty (60) days of receipt.
 4. Trauma/Diagnosis codes are validated for potential third party within thirty (30) days of receipt. A Suspect TPL/OI pull listing SB1-890EF is produced monthly from paid claims and accumulated over a twelve-month period. The listing identifies diagnosis or trauma codes related to accidents and other injuries that may indicate third party liability. Cost effective review and recoupment efforts will be conducted by prioritizing trauma codes and eliminating codes not generally productive in identifying potential third party liability. (See Attachment 4.22-B for threshold amounts on different coverage types).

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Information is forwarded to county eligibility staff at the county level to be recorded in the case file and entered on the TECS.

5. Trauma codes will be prioritized by place and type of service. The following is the sequence in which claims will be reviewed:

1. Inpatient Hospital
2. Outpatient Hospital
3. Clinic or Office
4. Institutional Claims

Multiple trauma codes and codes indicating broken bones and crushed anatomy will carry the highest priority in each place of service setting.

Trauma codes found to be list productive of producing potential third party liability have been eliminated from the review process. These codes are: 905-909.9, 930-939, 947-947.9.

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